



# **ReCoverCA California Disaster Survey**

State of California

Department of Housing and Community Development  
Community Development Block Grant Disaster  
Recovery

## ReCoverCA California Disaster Survey Instructions

Thank you for your interest in ReCoverCA Disaster Housing Assistance. To receive assistance through this program, the required first step is taking a brief survey. Completing this survey is critical in helping us gather information about the ongoing needs of California homeowners affected by:

Disaster	Description
FEMA DR-4344	Atlas, Canyon II, Cascade, La Porte, Lobo, McCourtney, Nuns, Patrick, Pocket, Redwood Valley, Sulphur, and the Tubbs Fires (California Wildfires – Incident Period from October 08, 2017 to October 31, 2017. Designated Counties: Butte, Lake, Mendocino, Napa, Nevada, Orange, Sonoma, Yuba).
FEMA DR-4353	Thomas, Creek, Rye, Little Mountain, Skirball, Lilac, and Liberty Fires (California Wildfires, Flooding, Mudflows, and Debris Flows – Incident Period from December 04, 2017 to January 31, 2018. Designated Counties: Los Angeles, San Diego, Santa Barbara, Ventura).
FEMA DR-4382	Carr and Mendocino Complex Fires (California Wildfires and High Winds – Incident Period from July 23, 2018 to September 19, 2018. Designated Counties: Lake, Shasta).
FEMA DR-4407	Camp, Hill, and Woolsey Fires (California Wildfires – Incident Period from November 8, 2018 to November 25, 2018. Designated Counties: Butte, Los Angeles, Ventura).

**All disaster-impacted individuals are strongly encouraged to complete the survey. Even if you don't think you will qualify now, you may qualify for assistance as more funding becomes available.** To learn more about the program, including eligibility and program tiers, please visit <https://recover.hcd.ca.gov>.

Responses to the Survey must be accurate and truthful.

☐ Check this box to acknowledge that you have read and understand the message provided\*.

## Register

A Department of California Housing and Community Development (HCD) staff member will assist you in inputting your survey information online. Once the account is created, an Account ID will be issued to you. Please keep your Account ID secure, as you will need this information for future use of the survey and the forthcoming application.

### User Details

First Name\*: \_\_\_\_\_

Last Name\*: \_\_\_\_\_

List your preferred method of communication\*: \_\_\_\_\_

NOTE: The preferred method of communication, identified above, will be the source in which you will be notified.

*[Hint] Your preferred method of communication must be listed as the actual e-mail address (e-mail@), phone number (xxx-xxx-xxxx) or physical mailing address (123 Mailing Address St., City, State, Zip Code)*

### Damaged Residence

In the space below, enter the address of the damaged home.

Street Address\*: \_\_\_\_\_

Apartment/Unit Number: \_\_\_\_\_

City\* \_\_\_\_\_

Zip Code\*: \_\_\_\_\_

Write the County of your damaged home here\*: \_\_\_\_\_

Check the structure type of your damaged home\*(only *one* structure type must be checked):

- ☐ Condominium/Town Home
- ☐ Cottage-style Home On Private Land
- ☐ Mobile Home – Double Wide – In Mobile Home Park
- ☐ Mobile Home – Double Wide – On Private Land
- ☐ Mobile Home – Single Wide – In Mobile Home Park
- ☐ Mobile Home – Single Wide – On Private Land

- ☐ Mobile Home – Triple Wide – In Mobile Home Park
- ☐ Mobile Home – Triple Wide – On Private Land
- ☐ Single Family Home
- ☐ Travel Trailer – Double Wide – In Mobile Home Park
- ☐ Travel Trailer – Double Wide – On Private Land
- ☐ Travel Trailer – Single Wide – In Mobile Home Park
- ☐ Travel Trailer – Single Wide – On Private Land
- ☐ Travel Trailer – Triple Wide – In Mobile Home Park
- ☐ Travel Trailer – Triple Wide – On Private Land

### Owner Occupant

☐ I am not the homeowner. I am assisting the homeowner and I have been requested to provide this assistance with the homeowner's full knowledge and consent.

(This is not a required check box and does not need to be checked, if the homeowner is completing the Survey on his or her own).

Please complete the remainder of the Survey as if you are the Homeowner and provide the following details for the Homeowner.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship\*:

- |                                           |                                                |
|-------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Non-owner Spouse | <input type="checkbox"/> Extended Family       |
| <input type="checkbox"/> Domestic Partner | <input type="checkbox"/> In-law                |
| <input type="checkbox"/> Mother           | <input type="checkbox"/> Neighbor              |
| <input type="checkbox"/> Father           | <input type="checkbox"/> Friend                |
| <input type="checkbox"/> Sister           | <input type="checkbox"/> Guardian              |
| <input type="checkbox"/> Brother          | <input type="checkbox"/> Attorney              |
| <input type="checkbox"/> Child            | <input type="checkbox"/> Authorized Individual |

1A. Did you own and live in the Damaged Residence at the time of the disaster?

☐ No

☐ Yes\*\*\*

\*\*\*If **yes**, then skip this section and proceed to question **2**.

1B. Did you own the Damaged Residence at the time of the disaster?

☐ No

☐ Yes

1C. Did you live in the Damaged Residence at the time of the disaster?

☐ No

☐ Yes

### Contact Information

2. Would you like to provide an address and contact information that is different from the address of your damaged home?

Question **2** is to be completed if the homeowner would like to provide an address and contact information that is *different from the address of the damaged residence*. (Perhaps, the homeowner is unable to live in the damaged residence and is living with a friend or family).

☐ No\*\*

☐ Yes\*\*\*

\*\*If **no**, proceed to question **3**.

\*\*\*If **yes**, enter the name of the homeowner and alternative street address, city, state, zip code, primary phone number and email address.

### Enter Contact Information:

Full Name\*: \_\_\_\_\_

Street Address\*: \_\_\_\_\_

Apartment/Unit Number: \_\_\_\_\_

City\*: \_\_\_\_\_

State\*: \_\_\_\_\_

Zip Code\*: \_\_\_\_\_

Primary Phone #\*: \_\_\_\_\_

Email Address: \_\_\_\_\_

☐ The information above is correct. \*

*If alternative contact information has been entered, it is required to check the box to confirm the information input is correct.*

## Disaster

3. Which major disaster impacted your home?

Disaster	Description
FEMA DR-4344	Atlas, Canyon II, Cascade, La Porte, Lobo, McCourtney, Nuns, Patrick, Pocket, Redwood Valley, Sulphur, and the Tubbs Fires (California Wildfires – Incident Period from October 08, 2017 to October 31, 2017. Designated Counties: Butte, Lake, Mendocino, Napa, Nevada, Orange, Sonoma, Yuba).
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☐ DR-4344 (2017)

☐ DR-4353 (2017)

☐ DR-4382 (2018)

☐ DR-4407 (2018)

☐ Multiple\*\* \_\_\_\_\_

☐ None\*\*\*

**\*\*Multiple** should be checked, if the homeowner's property was affected by more than one disaster. On the line, list *all* disasters that affected the damaged residence.

**\*\*\*None** should be checked, if the homeowner's property was not affected by any of the disasters listed in the chart.

## FEMA

### FEMA Registration Numbers

4A. Do you know your FEMA registration number(s)?

☐ No\*\*

☐ Yes\*\*\*

\*\* If **no**, only answer question **4F** in this section.

\*\*\*If **yes**, complete questions **4B-4E** to include your FEMA registration number(s) on the line.

Questions **4B-4E** are reflective of each DR number. Enter the FEMA registration number, as it pertains to each disaster. There may be multiple entries or no entries for questions **4B, 4C, 4D** and/or **4E**.

4B. Please enter the FEMA registration number that you were given when you applied for Individual Assistance (IA) for the DR-4344:

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4C. Please enter the FEMA registration number that you were given when you applied for Individual Assistance (IA) for the DR-4353:

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4D. Please enter the FEMA registration number that you were given when you applied for Individual Assistance (IA) for the DR-4382:

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4E. Please enter the FEMA registration number that you were given when you applied for Individual Assistance (IA) for the DR-4407:

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4F. Did your property sustain \$8,000.00 or more of damage due to the disaster, as verified by a third-party source (Example: FEMA, SBA, or private insurance)?

☐ No

☐ Yes

## Occupants

Questions **5A – 5C** are intended to capture information about the occupants of the property *at the time of the disaster(s)*. If the property was affected by multiple disasters, use the *most recent disaster* to answer the questions.

5A. Were any of the owners 62 years or older?

☐ No

☐ Yes

5B. Was any member of the household disabled?

☐ No

☐ Yes

5C. How many people will occupy the home as a permanent resident once reconstruction is completed? Check the number (1-8+) of people that will occupy the home as a permanent resident.

Only *one* selection is allowed.

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8+

## Income

### Household Income

6A. Please provide your annual household income: \_\_\_\_\_

Note: Question **6A** is requesting the *total* annual income of *all* household members.



## Insurance

7A. Did you have private insurance on the structure of your home?

☐ No\*\*

☐ Yes\*\*\*

\*\*If **no**, only answer questions **7F-7H** in this section.

\*\*\*If **yes**, complete questions **7B – 7H** in this section.

7B. Do you know your private insurance policy number?

☐ No

☐ Yes

7C. Please enter your private insurance provider: \_\_\_\_\_

*[Hint] The insurance provider is the insurance company who issues fire/hazard insurance coverage on your damaged residence.*

7D. Please enter that policy number: \_\_\_\_\_

*[Hint] The policy number is listed on the Declaration Page, of the insurance policy, listing the annual insurance coverage or on the claim payout summary.*

7E. Were all home repair/reconstruction costs covered by your private insurance claim payout?

☐ No

☐ Yes

7F. Did you receive federal assistance from a previous disaster?

☐ No\*\*

☐ Yes\*\*\*

\*\*If **no**, then skip to question **8**.

\*\*\*If **yes**, answer questions **7G** and **7H**.

7G. Were you required to maintain insurance?

☐ No

☐ Yes

7H. Have you maintained insurance since the previous disaster?

☐ No

☐ Yes

## Year

### Year House Was Constructed

**8A.** Was your home constructed prior to 1978?

☐ No

☐ Yes

Note: If the homeowner does not know the year the damaged residence was built, the answer may be left blank as it is not a required question.

## Reconstruction

### About Home Reconstruction

**9A.** Has any reconstruction been done for disaster-related damage on your home? If not, proceed to question 10.

☐ No\*\*

☐ Yes\*\*\*

\*\*If **no**, proceed to question **10**.

\*\*\*If **yes**, complete questions **9B–9E**.

**9B.** Have you engaged a contractor?

☐ No

☐ Yes

**9C.** Have you completed the reconstruction?

☐ No

☐ Yes

**9D.** Has a certificate of occupancy or a temporary certificate of occupancy been issued to you for your disaster damaged house by your building official?

☐ No

☐ Yes

**9E.** What is the estimated dollar amount of materials purchased and labor paid to date for your reconstruction? \_\_\_\_\_

## Reconstruction (Continued)

### About Home Reconstruction Continued

10. If you have not completed the reconstruction, are you interested in reconstructing your home?

☐ No

☐ Yes

11. If you do not want to reconstruct your home, do you want to sell your home?

☐ No

☐ Yes \*\*\*

\*\*\*NOTE: Buyout options are **not** available through ReCoverCA California at this time. However, the state may consider this option pending ongoing reviews of funding and recovery priorities.

☐ BY SUBMITTING THIS SURVEY, I certify that the information I have given is complete and correct. Failure to provide complete, accurate and truthful information may result in my INELGIBILITY FOR GRANT ASSISTANCE IN FUTURE PROGRAM TIERS.

## PLEASE RETAIN THIS PAGE FOR YOUR RECORDS

Thank you for completing the ReCoverCA California Disaster Survey!

Please note that all future correspondence and/or communications will be provided through your preferred method of communication, listed in the Register section of the survey.

Once your Survey is received, a ReCoverCA staff member will create an account for you (if you don't have an account) and input your survey information into the Program's system of record. Once the account is created, an Account ID will be issued, and a team member will contact you with your Account ID Number. Please keep your Account ID secure, as you will need this information for future use of the survey and the forthcoming application.

My Account ID Number is \_\_\_\_\_

You may review your survey by visiting the Program's website at:

<https://recover.hcd.ca.gov/> and logging in to the applicable eGrants portal (2017 or 2018) In order to re-enter the survey, you must provide your Account ID and your last name.

If you have any questions or need assistance, please contact:

### **ReCoverCA Owner-Occupied Rehabilitation and Reconstruction Program**

Phone: (916) 202-1764

E-mail: [ReCoverCA@hcd.ca.gov](mailto:ReCoverCA@hcd.ca.gov)

Next Steps: Once the application phase is open and based on your Tier you will be contacted and may be required to upload and/or provide documentation, pertaining to your application. Please ensure that your **Account ID** is listed on all correspondence.

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### **Where do I send my Survey?**

You can submit your survey by:

Email to: [ReCoverCA@hcd.ca.gov](mailto:ReCoverCA@hcd.ca.gov)

Fax to: (916) 263-2764

Or Mail to:

CDBG-DR ReCoverCA Program  
Department of Housing and Community Development  
2020 W. El Camino Ave., Room# 405  
Sacramento, CA 95833  
Phone: (916) 263-6461